



CITIZEN ACTION REQUEST
 DUVALL-CARNATION POLICE DEPARTMENT
 PO BOX 1500
 26225 NE STEPHENS STREET
 DUVALL, WA 98019



Citizen Requesting Action: _____

Home Address: _____

Daytime Phone: () _____ Home Phone: () _____

Location of Action Requested: _____

Detailed description of request (be as specific as possible): _____

What can be done to correct this? _____

Do you want staff to call you back? Yes No

FOR CITY USE ONLY

Date request received: _____

Received by: _____

Sent for response and actions to (check only one):

- Shift Sergeant Records Clerk
- Duty Sergeant Records Manager
- Commander City Clerk
- Chief Other: _____

FOR DEPARTMENTAL FOLLOW-UP

Initial Response:

By whom: _____

When: _____

Final Response:

By whom: _____

When: _____

Solution/Response:

copied to: _____

The Police Department takes all inquiries, suggestions and complaints seriously. If you are kind enough to take the time to complete this form, we will guarantee a response and try to work with you to resolve or address your issue. Compliments and constructive feedback are also appreciated and valued and help to make each one of us a better city servant. Thank you!